

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

163-040959

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

280

Primary Registration District No.

5959

Registrar's No.

61

STATE FILE NUMBER

FILED OCT 16 1963

1. PLACE OF DEATH

a. COUNTY

Platte

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Fair

Length of stay in 1b

52 years

c. FULL NAME OF DECEASED (If not in hospital, give location)
HOSPITAL OR
INSTITUTION5 miles north of
Platte City, Missouri

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Platte

c. CITY
OR
TOWN Platte City

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

5 miles north of
Platte City, Mo.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Lowell

Middle

Norman

Last

Powers

4. DATE OF DEATH

Month

Day

Year

October 12, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-16-1886

9. AGE (last birthday)

77

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Platte County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Warren Powers

13b. MOTHER'S MAIDEN NAME

Mary Belle Heath

14. NAME OF HUSBAND OR WIFE

Edith Emma Powers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

35

17. INFORMANT

Address

Mrs. Ralph Bailey Platte City, Mo.

18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY OCCLUSION

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

FAIR TWP.

PLATTE

Mo.

21. I attended the deceased from _____, to _____ and last saw her alive on _____.
Death occurred at APPROX. 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Vernon M. Giffey, Coroner

22b. ADDRESS

Platte City, Mo.

22c. DATE SIGNED

10-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-15-1963

23c. NAME OF CEMETERY OR CREMATORY

Smith Cemetery

23d. LOCATION (City, town, or county)

Platte County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Tommy R. Rollins Platte City, Mo.

25. DATE RECD. BY LOCAL REG.

Oct 15, 1963

26. REGISTRAR'S SIGNATURE

Ophelia Rollins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10830

2 68301

3

4 0

5 2

6

7 0

8 2

4/201

10

11

12 90-3

13 10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

L. R. Rollins

Licensed Embalmer No. 5110

P. O. Address

Platts City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.